| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| MIDDLE DISTRICT OF TENNESSEE                    |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | ■ Chapter 7                   |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself  |  |   |  |
|----|--|--|---|--|
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |  |
| 1. | Your full name   |  |   |  |
|    | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | CHARLA First name  LASHAE  Middle name  COOPER  Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |  |
| 2. | All other names you have used in the last 8 years Include your married or maiden names.  | 3  |   |  |
| 3. | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-1055  |   |  |

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.   |
|    | Include trade names and doing business as names   | Business name(s)  | Business name(s)   |
|    |   | EINs  | EINs   |
| 5. | Where you live  | 410 DAYTON AVE  | If Debtor 2 lives at a different address:  |
|    |   | Crossville, TN 38555  Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Cumberland  |  |
|    |   | County  | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for  | Check one:  | Check one:   |
|    | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

11. Do you rent your residence?

□ No.

Go to line 12.

Yes.

Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Number, Street, City, State & Zip Code

urgent repairs?

### Part 5:

### Explain Your Efforts to Receive a Briefing About Credit Counseling

### 15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 CHARLA LASHAE   | COOPE              | .R   |                                  | Case number                                | (if known)  |
|-----|--|--------------------|--|----------------------------------|--|---|
| Par | t 6: Answer These Questi                                       | ions for R         | eporting Purposes  | <u> </u>                         |  |   |
| 16. | What kind of debts do you have?                                | 16a.               | Are your debts primarily consindividual primarily for a personal       |                                  |  | ed in 11 U.S.C. § 101(8) as "incurred by an   |
|     |  |                    | ☐ No. Go to line 16b.  |                                  |  |   |
|     |  |                    | ■ Yes. Go to line 17.  |                                  |  |   |
|     |  | 16b.               | Are your debts primarily busing money for a business or investment     |                                  |  |   |
|     |  |                    | ☐ No. Go to line 16c.  |                                  |  |   |
|     |  |                    | ☐ Yes. Go to line 17.  |                                  |  |   |
|     |  | 16c.               | State the type of debts you owe  | that are not consur              | mer debts or business                      | debts   |
| 17. | Are you filing under<br>Chapter 7?                             | □ No.              | I am not filing under Chapter 7.                                       | Go to line 18.                   |  |   |
|     | Do you estimate that after any exempt property is excluded and | ■ Yes.             | I am filing under Chapter 7. Do yare paid that funds will be availa    | you estimate that af             | fter any exempt prope unsecured creditors? | rty is excluded and administrative expenses   |
|     | administrative expenses are paid that funds will               |                    | No   |                                  |  |   |
|     | be available for<br>distribution to unsecured<br>creditors?    |                    | ☐ Yes  |                                  |  |   |
| 18. | How many Creditors do  | <b>1</b> -49       |  | <b>1</b> ,000-5,000              | <u> </u>                                   | □ 25,001-50,000   |
|     | you estimate that you owe?                                     | □ 50-99            |  | <b>5001-10,000</b>               | )  | <b>5</b> 0,001-100,000  |
|     |  | ☐ 100-1<br>☐ 200-9 |  | □ 10,001-25,0                    | 000  | ☐ More than100,000  |
| 19. | How much do you  | <b>\$0 - \$</b>    | 50.000   | □ \$1,000,001                    | - \$10 million                             | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your assets to be worth?                              |                    | 01 - \$100,000   | □ \$10,000,001                   |  | ☐ \$1,000,000,001 - \$10 billion  |
|     |  |                    | 001 - \$500,000<br>001 - \$1 million                                   | □ \$50,000,001<br>□ \$100,000,00 | 1 - \$100 million<br>01 - \$500 million    | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                           |
| 20. | How much do you  | <b>\$0 - \$</b>    | 550,000  | □ \$1,000,001                    | - \$10 million                             | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your liabilities to be?                               |                    | 001 - \$100,000  | □ \$10,000,001                   |  | □ \$1,000,000,001 - \$10 billion  |
|     |  |                    | 001 - \$500,000  | □ \$50,000,001                   | 1 - \$100 million<br>01 - \$500 million    | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                          |
|     |  | □ \$500,           | 001 - \$1 million  | <b>—</b> \$100,000,00            | 71 - \$300 million                         | inore train 450 billion   |
| Par | T7: Sign Below   |                    |  |                                  |  |   |
| For | you  | I have ex          | camined this petition, and I declar                                    | e under penalty of p             | perjury that the inform                    | ation provided is true and correct.   |
|     |  |                    |  |                                  |  | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7.         |
|     |  |                    | rney represents me and I did not<br>nt, I have obtained and read the n |                                  |  | an attorney to help me fill out this  |
|     |  | I request          | relief in accordance with the cha                                      | pter of title 11, Unite          | ed States Code, spec                       | ified in this petition.   |
|     |  |                    | cy case can result in fines up to \$                                   |                                  |  | property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |  | CHARL              | RLA LASHAE COOPER  A LASHAE COOPER  e of Debtor 1                      |                                  | Signature of Debtor                        | 2   |
|     |  | Executed           | d on June 25, 2019   |                                  | Executed on                                |   |
|     |  |                    | MM / DD / YYYY   |                                  |  | / DD / YYYY   |

| Dehtor 1 | CHADI | $\Lambda I \Lambda$ | CHVE | COOPER |
|----------|-------|---------------------|------|--------|
|          |       |                     |      |        |

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Harry G     | i. Lasser IV           | Date          | June 25, 2019               |
|-----------------|------------------------|---------------|-----------------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY              |
| Harry G. L      | asser IV 018079        |               |                             |
| Printed name    |                        |               |                             |
| HARRY G.        | LASSER IV              |               |                             |
| Firm name       |                        |               |                             |
| 548 N. WIL      | LOW AVE. STE. J2       |               |                             |
| Cookeville      | e, TN 38501            |               |                             |
| Number, Street, | City, State & ZIP Code |               |                             |
| Contact phone   | 931 456-8999           | Email address | harrylasser@frontiernet.net |
| 018079 TN       | ľ                      |               |                             |
| Bar number & St | ate                    |               |                             |

| Fill                | in this information to ide  | ntify your case:   |  |              |                          |
|---------------------|---|--|--|--------------|--------------------------|
|                     |   | A LASHAE COOPER  |  |              |                          |
|                     | First Name  | Middle Name  | Last Name  |              |                          |
|                     | tor 2<br>use if, filing) First Name   | Middle Name  | Last Name  |              |                          |
| Uni                 | ed States Bankruptcy Cou  | rt for the: MIDDLE DISTRICT OF   | TENNESSEE  |              |                          |
| Cas                 | e number  |  |  |              |                          |
| (if kn              | own)  |  |  | _            | if this is an            |
|                     |   |  |  | amen         | ded filing               |
| <b>○</b> t          | ::-:-!  | 2  |  |              |                          |
|                     | icial Form 1068   |  | nd Certain Statistical Information   |              | 12/15                    |
| Be a<br>info<br>you | s complete and accurate<br>mation. Fill out all of you<br>original forms, you mus | as possible. If two married peopl<br>ir schedules first; then complete t<br>t fill out a new <i>Summary</i> and ched | e are filing together, both are equally responsible for<br>the information on this form. If you are filing amend | or supplyin  | g correct                |
| Par                 | 1: Summarize Your A   | ssets  |  |              |                          |
|                     |   |  |  | Your as      | ssets<br>If what you own |
| 1.                  | Schedule A/B: Property<br>1a. Copy line 55, Total re                              | (Official Form 106A/B) al estate, from Schedule A/B  |  | \$           | 0.00                     |
|                     | 1b. Copy line 62, Total pe  | ersonal property, from Schedule A/B  |  | \$           | 4,647.00                 |
|                     | 1c. Copy line 63, Total of  | all property on Schedule A/B   |  | \$           | 4,647.00                 |
| Par                 | 2: Summarize Your Li  | iabilities   |  |              |                          |
|                     |   |  |  |              | abilities<br>t you owe   |
| 2.                  |   | ho Have Claims Secured by Propert<br>ted in Column A, Amount of claim, at  | ty (Official Form 106D)<br>t the bottom of the last page of Part 1 of <i>Schedule D</i>                          | \$           | 5,986.00                 |
| 3.                  | Schedule E/F: Creditors I<br>3a. Copy the total claims                            | Who Have Unsecured Claims (Officination Part 1 (priority unsecured claim   | al Form 106E/F)<br>ms) from line 6e of <i>Schedule E/F</i>   | \$           | 759.00                   |
|                     | 3b. Copy the total claims   | from Part 2 (nonpriority unsecured   | claims) from line 6j of Schedule E/F   | \$           | 37,782.00                |
|                     |   |  | Your total liabilities   | \$           | 44,527.00                |
| Par                 | 3: Summarize Your In  | come and Expenses  |  |              |                          |
| 4.                  | Schedule I: Your Income<br>Copy your combined mor                                 |  | le I   | \$           | 2,163.00                 |
| 5.                  | Schedule J: Your Expens<br>Copy your monthly expen                                |  |  | \$           | 2,157.00                 |
| Par                 | 4: Answer These Que   | estions for Administrative and Sta   | tistical Records   |              |                          |
| 6.                  |   | uptcy under Chapters 7, 11, or 13'ng to report on this part of the form. (   | ?<br>Check this box and submit this form to the court with yo  | ur other sch | nedules.                 |
| 7.                  | ■ Yes What kind of debt do yo   | ou have?   |  |              |                          |
|                     | Your debts are prin   | marily consumer debts. Consumer  | debts are those "incurred by an individual primarily for   | a personal,  | family, or               |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,566.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clai | m        |
|--|------------|----------|
| From Part 4 on Schedule E/F, copy the following:   |            |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 759.00   |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$         | 7,174.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 7,933.00 |

Best Case Bankruptcy

| Difficial Form 106A/B Schedule A/B: Property  12/15  | Dobtor 1  | CHADLA LACUAT OC   | NADED  |   |  |   |
|---|---|--|--|---|--|---|
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE  Case number    Check if this is amended filin   Check if this is community property  | Debior i  |  |  | Last Name   |  |   |
| Inited States Bankruptcy Court for the: MIDDLE DISTRICT OF TENNESSEE    Case number   |   | First Name   | Middle Mars  | Lord Nove   |  |   |
| Check if this is amended filling  |   |  |  |   |  |   |
| Difficial Form 106A/B Schedule A/B: Property seach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where ink it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct finish it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct from the firm on the top of any additional pages, write your name and case number (if known). It is supplying correct from the firm on the possible for supplying correct from the firm on the property?    No. Go to Part 2.   | Inited States B   | ankruptcy Court for the: MID   | DDLE DISTRICT OF TE  | ENNESSEE  |  |   |
| Difficial Form 106A/B Schedule A/B: Property  acach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where it it it is best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  The second of the category where it is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  The second of the category where it is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  The second of the category where it is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  The second of the category where sequely responsible for supplying correct to the category where sequely responsible for supplying correct to the category where sequely responsible for supplying correct to the category where sequely responsible for supplying correct to the category where sequely responsible for supplying correct to the category where sequely responsible for supplying and category where sequely responsible for supplying and category where the ascent in the category where sequely responsible for supplying and category and category where sequely responsible for supplying and category where the sequely responsible for supplying and the sequely responsible for supplying and category where the sequely responsible for supplying and category where sequely responsible for supplying and category responsible for supplying and the sequely responsible for supplying and category responsible for supplying and the sequely responsible for supplying and the sequely responsible for supplying responsible for supplying resp  | Case number   |  |  |   |  | ☐ Check if this is a  |
| cach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where in its it fits beas. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct in its fits the asset as peak as the property of the category where in its fits the asset as peak as the property of the category where its in the property question.  2011 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  No. Go to Part 2.  Yes. Where is the property?  No. Go to Part 2.  Yes. Where is the property?  No. Go to Part 2.  Yes. Where is the property?  Who has an interest in any vehicles, whether they are registered or not? Include any vehicles you own that of the property is the property of the property is the property of the property is the property of the property?  No. Go to Part 2.  Yes. Where is the property?  Who has an interest in the property? Check one manual property is the property?  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  Check if this is community property  Year:  No. Go to Part 2.  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  No. Go to Part 3.  No. Go to Part 4.  No. Go to Part 2.  No. Go to Part 2.  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 3.  No. Go to Part 4.  No. Go   |   |  |  |   |  | amended filing  |
| cach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where in its it fits beas. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct in its fits the asset as peak as the property of the category where in its fits the asset as peak as the property of the category where its in the property question.  2011 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  No. Go to Part 2.  Yes. Where is the property?  No. Go to Part 2.  Yes. Where is the property?  No. Go to Part 2.  Yes. Where is the property?  Who has an interest in any vehicles, whether they are registered or not? Include any vehicles you own that of the property is the property of the property is the property of the property is the property of the property?  No. Go to Part 2.  Yes. Where is the property?  Who has an interest in the property? Check one manual property is the property?  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  Check if this is community property  Year:  No. Go to Part 2.  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 2.  No. Go to Part 3.  No. Go to Part 4.  No. Go to Part 2.  No. Go to Part 2.  No. Go to Part 2.  Do not deduct secured claims or exemptions. Property is the property?  No. Go to Part 3.  No. Go to Part 4.  No. Go   |   |  |  |   |  |   |
| each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where in it if its best. Be as complete and accurate as possible. If wo married people are filling together, both are equally responsible for supplying correct formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), were every question.  The property question is not accurately additional pages, write your name and case number (if known), were every question.  The property question is not accurately question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), were very question.  The property question is not property?  No. Go to Part 2.  No. Go to Part 2.  Yes. Where is the property?  No. Go to Part 2.  Yes. Where is the property?  The property?  The property of the property?  The property of the property  | Official Fo   | orm 106A/B   |  |   |  |   |
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| Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories  | Cars, vans, t  No Yes  3.1 Make: Model: Year: Approxima Other infor  Wear: Approxima Other infor  VEHICL TOTALL | 2003 MITSUBISHI  ate mileage: GALLANT rmation:  FORD FUSION 2009 ate mileage: rmation:  E WAS WRECKED AND LED IN FEB 2018                  | Who has an intere Debtor 1 only Debtor 2 only Debtor 1 and De At least one of ti Check if this is (see instructions)  Who has an intere Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Check if this is (see instructions)  | st in the property? Check one ebtor 2 only the debtors and another community property  st in the property? Check one ebtor 2 only the debtors and another community property  at vehicles, other vehicles, an | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$1,300.00  Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$1,000.00 | aims or exemptions. Put ad claims on Schedule Dims Secured by Property.  Current value of the portion you own?  \$1,300.0  aims or exemptions. Put ad claims on Schedule Dims Secured by Property.  Current value of the portion you own? |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 CHARLA  | LASHAE COOPER Case number (if known)  |  |
|--|---|--|
|  | e of the portion you own for all of your entries from Part 2, including any entries for ached for Part 2. Write that number here=>  | \$2,300.00   |
| Day 2. Dasariha Varra D  | and and Harrahald Karra   |  |
|  | ersonal and Household Items ny legal or equitable interest in any of the following items?   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6. Household goods at Examples: Major app □ No ■ Yes. Describe     | oliances, furniture, linens, china, kitchenware   |  |
| _ 100. D0001100  |   |  |
|  | COUCH \$400, RECLINER \$250, DINING TABLE & CHAIRS \$75, VACUUM \$5, BED \$200, RUG \$50, 2 BOOK SHELVES \$30, HOME DECOR \$100, SMALL APPLIANCES/POTS & PANS/ DISHES \$100, MICROWAVE \$50 | \$1,260.00   |
|  | ns and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of cell phones, cameras, media players, games  | collections; electronic devices  |
|  | TV \$40, COMPUTER \$200, IPAD \$75, PS3 \$75, CELL PHONE \$100  | \$490.00   |
|  | es and hobbies notographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes nstruments   | and kayaks; carpentry tools;   |
|  | TREADMILL \$100, 2 FISHING POLES \$10   | \$110.00   |
| ■ No □ Yes. Describe  11. Clothes                                  | rifles, shotguns, ammunition, and related equipment  y clothes, furs, leather coats, designer wear, shoes, accessories  |  |
| ☐ No ■ Yes. Describe   |   |  |
|  | CLOTHING  | \$300.00   |
| ■ No □ Yes. Describe  13. Non-farm animals Examples: Dogs, ca □ No |   |  |
| Official Form 106A/B   | Schedule A/B: Property  | page 2   |

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Schedule A/B: Property

Best Case Bankruptcy

|            |  |  | Case number (if known)  |   |
|------------|--|--|---|---|
|            | Yes. Describe  |  |   |   |
|            |  | DOG  |   | \$0.00  |
|            | Any other personal an ■ No □ Yes. Give specific inf  | •  | not already list, including any health aids you did not list  |   |
| 15         |  |  | Part 3, including any entries for pages you have attached   | \$2,160.00  |
| Pai        | rt 4: Describe Your Finan  | cial Assets  |   |   |
| Do         | you own or have any l  | egal or equitable interest in  | any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|            | ■ No   | have in your wallet, in your ho  | ome, in a safe deposit box, and on hand when you file your petition   | on  |
| 17.        | Deposits of money<br>Examples: Checking, s   | avings, or other financial acco  | ounts; certificates of deposit; shares in credit unions, brokerage has with the same institution, list each.  | nouses, and other similar   |
|            | ■ Yes  |  | Institution name:   |   |
|            |  | 0115014110   | DISCOVED ONLINE (OVEDDRAWN)   | ¢0.00   |
|            |  | 17.1. CHECKING   | DISCOVER - ONLINE (OVERDRAWN)   | \$0.00  |
|            |  | 17.1. CHECKING   | CHIME - ONLINE  | \$187.00  |
| 18.        |  | 17.2. CHECKING or publicly traded stocks   |   | <u></u>   |
|            | Examples: Bond funds,  | 17.2. CHECKING or publicly traded stocks   | CHIME - ONLINE  okerage firms, money market accounts  | <u></u>   |
| 19.        | Examples: Bond funds,  No  Yes  Non-publicly traded st joint venture  No   | 17.2. CHECKING  or publicly traded stocks investment accounts with brown institution or issuer   | CHIME - ONLINE  okerage firms, money market accounts  name:  orated and unincorporated businesses, including an interes   | \$187.00  |
| 19.        | Examples: Bond funds,  No  Yes  Non-publicly traded st joint venture  No  Yes. Give specific inf   | or publicly traded stocks investment accounts with brown institution or issuer stock and interests in incorporation about them   | CHIME - ONLINE  okerage firms, money market accounts  name:  orated and unincorporated businesses, including an interes   | \$187.00  |
| 19.        | Examples: Bond funds,  No Yes  Non-publicly traded st joint venture  No Yes. Give specific inf  Government and corp. Negotiable instruments Non-negotiable instrum   | or publicly traded stocks, investment accounts with brown institution or issuer sock and interests in incorporation about them   | CHIME - ONLINE  okerage firms, money market accounts  name:  orated and unincorporated businesses, including an interes   | \$187.00  |
| 19.        | Examples: Bond funds,  No Yes  Non-publicly traded st joint venture  No Yes. Give specific inf  Government and corp. Negotiable instruments  | or publicly traded stocks investment accounts with brown institution or issuer stock and interests in incorporation about them   | CHIME - ONLINE  okerage firms, money market accounts  name:  orated and unincorporated businesses, including an interes   % of ownership:  otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. | \$187.00  |
| 19.<br>20. | Examples: Bond funds,  No No Yes  Non-publicly traded st joint venture  No Yes. Give specific inf  Government and corp. Negotiable instruments Non-negotiable instrum  No Yes. Give specific info  Retirement or pension | or publicly traded stocks, investment accounts with brown institution or issuer stock and interests in incorporate bonds and other negotian include personal checks, cast ments are those you cannot trader institution about them also accounts | CHIME - ONLINE  okerage firms, money market accounts  name:  orated and unincorporated businesses, including an interes   % of ownership:  otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. | \$187.00  |

Official Form 106A/B Schedule A/B: Property page 3

| De | ebtor 1                   | CHARLA                                   | ASHAE COOPER  |                                | Case number  | (if known)  |
|----|---------------------------|--|---|--------------------------------|--|---|
|    | Your s<br>Exam            | share of all unu                         |   |                                | e service or use from a company<br>c, gas, water), telecommunication |   |
|    | ■ No<br>□ Yes.            |  |   | Institution nam                | e or individual:   |   |
|    | _                         | ties (A contrac                          | t for a periodic payment of   | money to you, either for life  | e or for a number of years)  |   |
|    | ■ No<br>□ Yes.            |  | Issuer name and description   | on.                            |  |   |
|    |                           |  | ntion IRA, in an account in<br>), 529A(b), and 529(b)(1).                 | n a qualified ABLE progra      | am, or under a qualified state t                                     | uition program.   |
|    | ☐ Yes.                    |  | Institution name and descr  | ription. Separately file the r | ecords of any interests.11 U.S.C                                     | . § 521(c):   |
|    | ■ No                      | -  |   | rty (other than anything li    | sted in line 1), and rights or po                                    | owers exercisable for your benefit  |
|    | ☐ Yes.                    | Give specific                            | information about them  |                                |  |   |
|    |                           |  | trademarks, trade secret<br>omain names, websites, pr                     |                                |  |   |
|    | ☐ Yes.                    | Give specific                            | information about them  |                                |  |   |
|    |                           |  | s, and other general intan<br>permits, exclusive licenses,                |                                | oldings, liquor licenses, professio                                  | nal licenses  |
|    | _                         | Give specific                            | information about them  |                                |  |   |
| М  | oney or                   | property owe                             | d to you?   |                                |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|    | Tax re                    | funds owed to                            | you   |                                |  |   |
|    | ☐ Yes.                    | Give specific i                          | nformation about them, inc  | luding whether you already     | filed the returns and the tax year                                   | irs   |
|    | Exam <sub>l</sub><br>■ No | / support ples: Past due Give specific i | , , , ,   | isal support, child support,   | maintenance, divorce settlemen                                       | t, property settlement  |
|    |                           | <i>ples:</i> Unpaid w                    | eone owes you<br>ages, disability insurance p<br>unpaid loans you made to |                                | s, sick pay, vacation pay, worke                                     | rs' compensation, Social Security   |
|    | ☐ Yes.                    | Give specific                            | information   |                                |  |   |
|    |                           | sts in insurand<br>ples: Health, d       | •   | ealth savings account (HS      | A); credit, homeowner's, or rente                                    | r's insurance   |
|    | ■ Yes.                    | Name the insu                            | rance company of each po<br>Company name:                                 | olicy and list its value.      | Beneficiary:   | Surrender or refund value:  |
|    |                           |  | TERM LIFE INS<br>WORK   | URANCE THROUGH                 |  | \$0.00  |

Official Form 106A/B Schedule A/B: Property page 4

| Deb          | tor 1 CHARLA LASHAE COOPER   |                                  | Case number (if known)              |              |
|--------------|--|----------------------------------|-------------------------------------|--------------|
| _            | Any interest in property that is due you from someone who half you are the beneficiary of a living trust, expect proceeds from a someone has died.  No |                                  | currently entitled to receive propo | erty because |
|              | Yes. Give specific information   |                                  |                                     |              |
|              | Claims against third parties, whether or not you have filed a la<br>Examples: Accidents, employment disputes, insurance claims, or<br>I No             |                                  | for payment                         |              |
|              | Yes. Describe each claim   |                                  |                                     |              |
|              | Other contingent and unliquidated claims of every nature, inc<br>No  | luding counterclaims of t        | he debtor and rights to set off o   | claims       |
|              | Yes. Describe each claim   |                                  |                                     |              |
|              | Any financial assets you did not already list<br>I <sub>No</sub>   |                                  |                                     |              |
|              | Yes. Give specific information   |                                  |                                     |              |
| 36.          | Add the dollar value of all of your entries from Part 4, includi for Part 4. Write that number here  |                                  |                                     | \$187.00     |
| Part         | 5: Describe Any Business-Related Property You Own or Have an Inte  | erest In. List any real estate i | n Part 1.                           |              |
| 37. D        | o you own or have any legal or equitable interest in any business-rela   | ated property?                   |                                     |              |
|              | No. Go to Part 6.  |                                  |                                     |              |
|              | Yes. Go to line 38.  |                                  |                                     |              |
|              |  |                                  |                                     |              |
| Part         | 6: Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.                              | ou Own or Have an Interest In    |                                     |              |
| 46. <b>[</b> | Oo you own or have any legal or equitable interest in any farm   | n- or commercial fishing-r       | elated property?                    |              |
|              | No. Go to Part 7.  |                                  |                                     |              |
|              | ☐ Yes. Go to line 47.  |                                  |                                     |              |
|              |  |                                  |                                     |              |
| Part         | Describe All Property You Own or Have an Interest in That Yo   | ou Did Not List Above            |                                     |              |
|              | Do you have other property of any kind you did not already lis<br>Examples: Season tickets, country club membership                                    | it?                              |                                     |              |
|              | No I Yes. Give specific information  |                                  |                                     |              |
| 54.          | Add the dollar value of all of your entries from Part 7. Write t   | hat number here                  |                                     | \$0.00       |
| Part         | List the Totals of Each Part of this Form  |                                  |                                     |              |
| 55.          | Part 1: Total real estate, line 2  |                                  |                                     | \$0.00       |
| 56.          | Part 2: Total vehicles, line 5   | \$2,300.00                       |                                     |              |
| 57.          | Part 3: Total personal and household items, line 15  | \$2,160.00                       |                                     |              |
| 58.          | Part 4: Total financial assets, line 36  | \$187.00                         |                                     |              |
| 59.          | Part 5: Total business-related property, line 45   | \$0.00                           |                                     |              |
| 60.          | Part 6: Total farm- and fishing-related property, line 52  | \$0.00                           |                                     |              |
| 61.          | Part 7: Total other property not listed, line 54   | + \$0.00                         |                                     |              |
| 62.          | Total personal property. Add lines 56 through 61   | \$4,647.00                       | Copy personal property total        | \$4,647.00   |
| 63.          | Total of all property on Schedule A/B. Add line 55 + line 62   |                                  |                                     | \$4,647.00   |

Official Form 106A/B

Schedule A/B: Property

page 5

Desc Main

Debtor 1

| Debtor 1           | CHARLA LASHA             | E COOPER           |           |                                      |
|--------------------|--------------------------|--------------------|-----------|--------------------------------------|
|                    | First Name               | Middle Name        | Last Name |                                      |
| Debtor 2           |                          |                    |           |                                      |
| Spouse if, filing) | First Name               | Middle Name        | Last Name |                                      |
| Jnited States Ba   | ankruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE |                                      |
| Case number        |                          |                    |           |                                      |
| if known)          |                          |                    |           | ☐ Check if this is an amended filing |

## Schedule C: The Property You Claim as Exempt

4/19

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the

|    | •     | n to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited licable statutory amount. |
|----|-------|--|
| Pa | rt 1: | Identify the Property You Claim as Exempt  |
| 1. | Whic  | n set of exemptions are you claiming? Check one only, even if your spouse is filing with you.  |
|    | ■ Yo  | u are claiming state and federal nonhankruntov exemptions 11 LLS C & 522(h)(3)   |

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on 
Current value of the 
Amount of the exemption you claim

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

| Schedule A/B that lists this property   | portion you own   |  |   |                            |  |
|---|---|--|---|----------------------------|--|
|   | Copy the value from Check only one box for each exemption. Schedule A/B |  |   |                            |  |
| 2003 MITSUBISHI GALLANT miles Line from Schedule A/B: 3.1   | \$1,300.00  |  | \$1,300.00  | Tenn. Code Ann. § 26-2-103 |  |
| Line Iron Schedule AVD. 9.1   |   |  | 100% of fair market value, up to any applicable statutory limit |                            |  |
| COUCH \$400, RECLINER \$250,<br>DINING TABLE & CHAIRS \$75,   | \$1,260.00  |  | \$1,260.00  | Tenn. Code Ann. § 26-2-103 |  |
| VACUUM \$5, BED \$200, RUG \$50, 2<br>BOOK SHELVES \$30, HOME DECOR<br>\$100, SMALL APPLIANCES/POTS &<br>PANS/ DISHES \$100, MICROWAVE<br>\$50<br>Line from Schedule A/B: 6.1 |   |  | 100% of fair market value, up to any applicable statutory limit |                            |  |
| TV \$40, COMPUTER \$200, IPAD \$75,<br>PS3 \$75, CELL PHONE \$100   | \$490.00  |  | \$490.00  | Tenn. Code Ann. § 26-2-103 |  |
| Line from Schedule A/B: <b>7.1</b>  |   |  | 100% of fair market value, up to any applicable statutory limit |                            |  |
| TREADMILL \$100, 2 FISHING POLES \$10   | \$110.00  |  | \$75.00   | Tenn. Code Ann. § 26-2-103 |  |
| Line from Schedule A/B: 9.1   |   |  | 100% of fair market value, up to any applicable statutory limit |                            |  |

| Deb | tor 1 CHARLA LASHAE COOPER   |  |         | Case number (if known)  |                            |  |
|-----|--|--|---------|---|----------------------------|--|
|     | Brief description of the property and line on Schedule A/B that lists this property  | Current value of the Amount of the exemption you claim portion you own |         | Specific laws that allow exemption                              |                            |  |
|     |  | Copy the value from<br>Schedule A/B                                    | Che     | eck only one box for each exemption.                            |                            |  |
|     | CLOTHING Line from Schedule A/B: 11.1  | \$300.00   |         | \$300.00  | Tenn. Code Ann. § 26-2-104 |  |
|     | Ellie Helli Genedale / V.B.  |  |         | 100% of fair market value, up to any applicable statutory limit |                            |  |
|     | CHECKING: CHIME - ONLINE Line from Schedule A/B: 17.2  | \$187.00   |         | \$187.00  | Tenn. Code Ann. § 26-2-103 |  |
|     | Line from Scriedule AVB. 17.2  |  |         | 100% of fair market value, up to any applicable statutory limit |                            |  |
|     | TERM LIFE INSURANCE THROUGH WORK   | \$0.00   |         |   | Tenn. Code Ann. § 56-7-203 |  |
|     | Line from Schedule A/B: 31.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                            |  |
| 3.  | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every  ■ No  Yes. Did you acquire the property covere  ■ No | 3 years after that for ca  | ises fi | •   | ,                          |  |

Yes

| Fill                            | in this informa   | ation to identify you                             | r case:  |                           |  |                                   |
|---------------------------------|---|---|--|---------------------------|--|-----------------------------------|
| Deb                             | tor 1   | CHARLA LASHA                                      | AE COOPER  |                           |  |                                   |
|                                 |   | First Name  | Middle Name Last Name  |                           |  |                                   |
|                                 | tor 2<br>use if, filing)                                      | First Name  | Middle Name Last Name  |                           |  |                                   |
| Unit                            | ed States Bank  | cruptcy Court for the:                            | MIDDLE DISTRICT OF TENNESSEE   |                           |  |                                   |
| (if kno                         |   |   |  |                           |  | c if this is an<br>ded filing     |
|                                 | icial Form  |   | Who Have Claims Secure   | nd by Proport             | v  | 12/15                             |
| <u> </u>                        | nedule L  | J. Creditors                                      | WITO Have Claims Secure  | ed by Propert             | <u>y</u>   | 12/13                             |
| is nee<br>numb<br>1. Do         | eded, copy the Aper (if known).  any creditors h  No. Check t | Additional Page, fill it of ave claims secured by | nis form to the court with your other schedules.   | On the top of any additio | nal pages, write your na                               |                                   |
| Part                            | List All  | Secured Claims                                    |  |                           |  |                                   |
| for e                           | ach claim. If moi   | re than one creditor has                          | nore than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As all order according to the creditor's name. |                           | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1                             | CHASE AU  | TO FINANCE  | Describe the property that secures the claim:  | \$5,986.00                | \$1,000.00   | \$4,986.00                        |
|                                 | PO BOX 90<br>Fort Worth<br>76101-2003                         | , TX  | 2009 FORD FUSION VEHICLE WAS WRECKED AND TOTALLED IN FEB 2018 As of the date you file, the claim is: Check all that apply.  Contingent                         |                           |  |                                   |
|                                 | Number, Street, C   | City, State & Zip Code                            | Unliquidated   |                           |  |                                   |
| Who                             | owes the deb  | t? Check one.                                     | Disputed  Nature of lien. Check all that apply.  |                           |  |                                   |
| ■ Debtor 1 only □ Debtor 2 only |   |   | ■ An agreement you made (such as mortgage or scar loan)  | secured                   |  |                                   |
| _                               | Debtor 1 and Deb  |   | ☐ Statutory lien (such as tax lien, mechanic's lien)   |                           |  |                                   |
| _                               |   | debtors and another                               | ☐ Judgment lien from a lawsuit   |                           |  |                                   |
|                                 | Check if this clai  |   | Other (including a right to offset)  |                           |  |                                   |

Date debt was incurred

Last 4 digits of account number

| Debtor 1 | 1 CHARLA LASHAE COOPER |             |           | Case number (if known) |   |
|----------|------------------------|-------------|-----------|------------------------|---|
|          | First Name             | Middle Name | Last Name |                        | · |

| 2.2                           | MARTINS WRECKER SERVICE                                      | Describe the property that secures the claim:                            | Unknown     | \$1,000.00 | Unknown |
|-------------------------------|--|--|-------------|------------|---------|
| -                             | Creditor's Name  | 2009 FORD FUSION   | <del></del> |            |         |
|                               |  | VEHICLE WAS WRECKED AND  |             |            |         |
|                               |  | TOTALLED IN FEB 2018   |             |            |         |
|                               | 263 HERMITAGE AVE<br>Nashville, TN 37210                     | As of the date you file, the claim is: Check all that apply.  Contingent |             |            |         |
|                               | Number, Street, City, State & Zip Code                       | ☐ Unliquidated   |             |            |         |
| Who owes the debt? Check one. |  | Disputed  Nature of lien. Check all that apply.                          |             |            |         |
| _                             | Debtor 1 only<br>Debtor 2 only                               | ☐ An agreement you made (such as mortgage or sec car loan)               | eured       |            |         |
|                               | Pebtor 1 and Debtor 2 only                                   | ■ Statutory lien (such as tax lien, mechanic's lien)                     |             |            |         |
| ПА                            | t least one of the debtors and another                       | ☐ Judgment lien from a lawsuit   |             |            |         |
|                               | check if this claim relates to a community debt              | Other (including a right to offset)                                      |             |            |         |
| Date                          | debt was incurred  | Last 4 digits of account number  |             |            |         |
|                               |  |  |             |            |         |
| Ad                            | d the dollar value of your entries in C                      | Column A on this page. Write that number here:                           | \$5,986.00  | 1          |         |
|                               | his is the last page of your form, add ite that number here: | the dollar value totals from all pages.                                  | \$5,986.00  |            |         |

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

|                              |   |   |   |  |  |   | 1                                      |                                   |  |
|------------------------------|---|---|---|--|--|---|--|-----------------------------------|--|
| Fill                         | in this informa   | tion to identify your   | case:   |  |  |   |  |                                   |  |
| De                           | btor 1  | CHARLA LASHAE   | COOPER  |  |  |   |  |                                   |  |
| _                            |   | First Name  | Middle Na   | ame  | Last Name  |   |  |                                   |  |
|                              | btor 2<br>ouse if, filing)  | First Name  | Middle Na   | ame  | Last Name  |   |  |                                   |  |
| Un                           | ited States Bank  | ruptcy Court for the:   | MIDDLE DIS  | STRICT OF TEN  | NESSEE   |   |  |                                   |  |
| _                            |   |   | -   |  |  |   |  |                                   |  |
|                              | se number<br>nown)  |   |   | _  |  |   | _                                      | c if this is an<br>ded filing     |  |
| <u> </u>                     | C   | 400F/F  |   |  |  |   | •                                      | -                                 |  |
|                              | ficial Form   |   | ha Hava   | Linocouro  | d Claima   |   |  | 40/4E                             |  |
|                              |   | F: Creditors W  |   |  |  | 2 for creditors with NON  | IDDIODITY eleime I                     | 12/15                             |  |
| Scho<br>Scho<br>left.<br>nam | edule G: Executor<br>edule D: Creditors<br>Attach the Contin<br>e and case numb                         | ry Contracts and Unexp<br>s Who Have Claims Sec<br>luation Page to this pag | ired Leases (Of<br>ured by Proper<br>e. If you have r | fficial Form 106G)<br>ty. If more space i<br>no information to | . Do not include any<br>is needed, copy the      | racts on Schedule A/B: I<br>creditors with partially s<br>Part you need, fill it out,<br>not file that Part. On the t | secured claims that number the entries | are listed in in the boxes on the |  |
| 1.                           |   | have priority unsecure  | d claims agains                                       | st you?  |  |   |  |                                   |  |
|                              | □ No. Go to Part  | 2.  |   |  |  |   |  |                                   |  |
|                              | Yes.  |   |   |  |  |   |  |                                   |  |
| 2.                           | identify what type possible, list the c   | of claim it is. If a claim ha   | s both priority a<br>er according to the              | nd nonpriority amone creditor's name.                          | unts, list that claim he<br>If you have more tha | <ul> <li>n, list the creditor separate<br/>re and show both priority a<br/>n two priority unsecured cl</li> </ul>     | and nonpriority amour                  | nts. As much as                   |  |
|                              | (For an explanation   | on of each type of claim, s   | see the instruction                                   | ons for this form in t   | the instruction booklet                          | Total claim   | Priority<br>amount                     | Nonpriority amount                |  |
| 2.1                          |   |   | La  | st 4 digits of acco  | ount number                                      | \$759.00  | \$759.00                               | \$0.00                            |  |
|                              | OFFICE<br>PO BOX 7  | LIZED INSOLVENC<br>7346   |   | hen was the debt   | incurred?  |   | -                                      |                                   |  |
|                              | Philadelp   | hia, PA 19101-7346<br>et City State Zip Code                                |   | of the date you f  | ile, the claim is: Che                           | ock all that apply  |  |                                   |  |
|                              |   | he debt? Check one.   |   | Contingent   | no, are claim to: one                            | on an inat apply  |  |                                   |  |
|                              | ■ Debtor 1 only   | /   | _   | Unliquidated   |  |   |  |                                   |  |
|                              | Debtor 2 only   | /   |   | Disputed   |  |   |  |                                   |  |
|                              | Debtor 1 and  |   |   | pe of PRIORITY u   | insecured claim:                                 |   |  |                                   |  |
|                              | _   | of the debtors and anothe   | er $\square$  | Domestic support   | obligations                                      |   |  |                                   |  |
|                              | ☐ Check if this   | s claim is for a commur   | nity debt   | Taxes and certain  | other debts you owe                              | the government  |  |                                   |  |
|                              | Is the claim sub  | ject to offset?   |   | Claims for death   | or personal injury whil                          | e you were intoxicated  |  |                                   |  |
|                              | ■ No  |   |   | Other. Specify   |  |   |  | _                                 |  |
|                              | ☐ Yes   |   |   | 7  | 2018   |   |  |                                   |  |
|                              |   |   |   |  |  |   |  |                                   |  |
| Pa                           | rt 2: List All c  | of Your NONPRIORIT  | Y Unsecured   | Claims   |  |   |  |                                   |  |
| 3.                           | Do any creditors have nonpriority unsecured claims against you?   |   |   |  |  |   |  |                                   |  |
|                              | ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. |   |   |  |  |   |  |                                   |  |
|                              | Yes.  |   |   |  |  |   |  |                                   |  |
| 4.                           | unsecured claim,  | list the creditor separately  | / for each claim.                                     | For each claim list  | ed, identify what type                           | Ids each claim. If a credit<br>of claim it is. Do not list claim it is. Do not list claim it is.                      | aims already included                  | l in Part 1. If more              |  |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 8

| Debtor | 1 CHARLA LASHAE COOPER   | Case number (if known)  |            |
|--------|--|---|------------|
| 4.1    | AMERICAN EXPRESS   | Last 4 digits of account number   | \$3,293.00 |
|        | Nonpriority Creditor's Name PO BOX 981537 El Paso, TX 79998-1537 | When was the debt incurred?   |            |
|        | Number Street City State Zip Code                                | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                |   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only                                     | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                        | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                         | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                             | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | Yes  | ■ Other. Specify CREDIT CARD  |            |
| 4.2    | AT&T MOBILITY  | Last 4 digits of account number   | \$875.00   |
|        | Nonpriority Creditor's Name PO BOX 538641 Atlanta, GA 30353-8641 | When was the debt incurred?   |            |
|        | Number Street City State Zip Code                                | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                |   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only                                     | ☐ Disputed  |            |
|        | $\square$ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                         | ☐ Student loans   |            |
|        | debt   | Obligations arising out of a separation agreement or divorce that you did not                                     |            |
|        | Is the claim subject to offset?                                  | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                      |            |
|        | ■ No   |   |            |
|        | Yes  | Other. Specify CELL SERVICE   |            |
| 4.3    | COOKEVILLE REGIONAL MED CTR Nonpriority Creditor's Name          | Last 4 digits of account number   | \$3,306.00 |
|        | PO BOX 3147<br>Cookeville, TN 38502-3147                         | When was the debt incurred?   |            |
|        | Number Street City State Zip Code                                | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                                |   |            |
|        | Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only                                     | Disputed  |            |
|        | $\square$ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                         | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                             | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|        | ☐ Yes  |   |            |
|        | <b>□</b> 162   | ■ Other. Specify MEDICAL  |            |

Nonpriority Creditor's Name
421 SOUTH MAIN STREET
Crossville, TN 38555
Number Street City State Zip Code
Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another
Check if this claim is for a community debt
Is the claim subject to offset?

Yes

When was the debt incurred?

Check all that apply

When was the debt incurred?

Check all that apply

When was the debt incurred?

Check all that apply

When was the debt incurred?

Check all that apply

Debtor 1 only
Disputed

Type of NONPRIORITY unsecured claim:
Student loans
Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

MEDICAL

| Debto | 1 CHARLA LASHAE COOPER  | Case number (if known)  |            |
|-------|---|---|------------|
| 4.7   | DISCOVER BANK   | Last 4 digits of account number 7982  | \$744.00   |
|       | Nonpriority Creditor's Name 502 MARKET STREET Greenwood, DE 19950 | When was the debt incurred?   |            |
|       | Number Street City State Zip Code                                 | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                                 |   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only                                      | ☐ Disputed  |            |
|       | $\square$ At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                          | Student loans   |            |
|       | debt Is the claim subject to offset?                              | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No  | lacktriangle Debts to pension or profit-sharing plans, and other similar debts                                    |            |
|       | Yes   | Other. Specify OVERDRAWN ONLINE BANK ACCOUNT  |            |
| 4.8   | DISCOVER FINANCIAL Nonpriority Creditor's Name                    | Last 4 digits of account number   | \$1,648.00 |
|       | PO BOX 15316<br>Wilmington, DE 19850                              | When was the debt incurred?   |            |
|       | Number Street City State Zip Code                                 | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                                 |   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only                                      | ☐ Disputed  |            |
|       | At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                          | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?                              | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims         |            |
|       | No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | Yes   | ■ Other. Specify CREDIT CARD  |            |
|       |   | Other. Specify ONLEST GARD  |            |
| 4.9   | EMERGENCY COVERAGE CORP  Nonpriority Creditor's Name              | Last 4 digits of account number   | \$1,447.00 |
|       | PO BOX 636019<br>Cincinnati, OH 45263-6019                        | When was the debt incurred?   |            |
|       | Number Street City State Zip Code                                 | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                                 |   |            |
|       | ■ Debtor 1 only   | ☐ Contingent  |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only                                      | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                          | ☐ Student loans   |            |
|       | debt  | Obligations arising out of a separation agreement or divorce that you did not                                     |            |
|       | Is the claim subject to offset?                                   | report as priority claims   |            |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | ☐ Yes   | ■ Other. Specify MEDICAL  |            |

Schedule E/F: Creditors Who Have Unsecured Claims

| Debtor 1 CHARLA LASHAE COOPER   | Case number (if known)  |             |
|---|---|-------------|
| .1 GATEWAY CO INT INC   | Last 4 digits of account number   | Unknowr     |
| Nonpriority Creditor's Name 455 N. 3RD STREET   | When was the debt incurred?   |             |
| Phoenix, AZ 85004  Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |             |
| Debtor 1 only   | ☐ Contingent  |             |
| Debtor 2 only   | ☐ Unliquidated  |             |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
| ☐ Check if this claim is for a community  | ☐ Student loans   |             |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐ Yes   | Other. Specify  |             |
| 1 HEALTHCARE RECEIVABLES  | Last 4 digits of account number   | \$1,400.00  |
| Nonpriority Creditor's Name 318 NANCY LYNN LANE SUITE Knoxville, TN 37919                 | 21 When was the debt incurred?  |             |
| Number Street City State Zip Code  Who incurred the debt? Check one.                      | As of the date you file, the claim is: Check all that apply   |             |
| ■ Debtor 1 only   | ☐ Contingent  |             |
| Debtor 2 only   | ☐ Unliquidated  |             |
| Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
| ☐ Check if this claim is for a community  | ☐ Student loans   |             |
| debt  | Obligations arising out of a separation agreement or divorce that you did not                             |             |
| Is the claim subject to offset?   | report as priority claims   |             |
| No  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐ Yes   | Other. Specify COLLECTION   |             |
| .1 M & T BANK   | Last 4 digits of account number   | \$10,989.00 |
| Nonpriority Creditor's Name PO BOX 900  | When was the debt incurred?   |             |
| Millsboro, DE 19966  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |
| Debtor 1 only   | ☐ Contingent  |             |
| Debtor 2 only   | ☐ Unliquidated  |             |
| Debtor 2 only  Debtor 1 and Debtor 2 only   |   |             |
| At least one of the debtors and another   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |             |
|   |   |             |
| ☐ Check if this claim is for a community debt  Is the claim subject to offset?            | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |             |

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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■ Other. Specify COLEMAN CAMPER REPO 1/2018

| CHARLA LASHAE COOPER   |   |           |
|--|---|-----------|
| NAVIENT  | Last 4 digits of account number   | Unknow    |
| Nonpriority Creditor's Name PO BOX 9635 Wilkes Barre, PA 18773                         | When was the debt incurred?   |           |
| Number Street City State Zip Code  Nho incurred the debt? Check one.                   | As of the date you file, the claim is: Check all that apply   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |           |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |           |
| Check if this claim is for a community   | Student loans   |           |
| debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |
| ☐ Yes  | ☐ Other. Specify  |           |
|  | STUDENT LOAN  |           |
| OFFICE OF US TRUSTEE REGION 8 Nonpriority Creditor's Name                              | Last 4 digits of account number   | \$7,174.0 |
| 701 BROADWAY SUITE 318<br>Nashville, TN 37203  | When was the debt incurred?   |           |
| Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |           |
| Who incurred the debt? Check one.  | Пол   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |           |
| At least one of the debtors and another  | ■ Student loans   |           |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?          | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |           |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |
| □ Yes  | ☐ Other. Specify  |           |
| <del></del>  | DEPT OF EDUCATION   |           |
|  |   |           |
| PROGRESSIVE LEASING  | Last 4 digits of account number   | \$513.0   |
| Nonpriority Creditor's Name NPRTO SOUTHEAST LLC 256 W. DATA DRIVE                      | When was the debt incurred?   |           |
| Draper, UT 84020  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |           |
| Debtor 1 only  | ☐ Contingent  |           |
| Debtor 2 only  | ☐ Unliquidated  |           |
| Debtor 1 and Debtor 2 only   | Disputed  |           |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  |           |
| ☐ Check if this claim is for a community   | ☐ Student loans   |           |
| debt   | Obligations arising out of a separation agreement or divorce that you did not                             |           |
| Is the claim subject to offset? ■  | report as priority claims   |           |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |           |
| ☐ Yes  | Other Specify   |           |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debt         | or 1 CHARLA LASHAE COOPER   | Case number (if known)  |                        |  |  |  |  |  |  |
|--------------|---|---|------------------------|--|--|--|--|--|--|
| 4.1<br>6     | SERVICE LOAN  | Last 4 digits of account number   | \$700.00               |  |  |  |  |  |  |
|              | Nonpriority Creditor's Name PO BOX 2935   | When was the debt incurred?   |                        |  |  |  |  |  |  |
|              | Gainesville, GA 30503  Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |                        |  |  |  |  |  |  |
|              | ■ Debtor 1 only   | ☐ Contingent  |                        |  |  |  |  |  |  |
|              | Debtor 2 only   | ☐ Unliquidated  |                        |  |  |  |  |  |  |
|              | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                        |  |  |  |  |  |  |
|              | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                        |  |  |  |  |  |  |
|              | ☐ Check if this claim is for a community  | ☐ Student loans   |                        |  |  |  |  |  |  |
|              | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                        |  |  |  |  |  |  |
|              | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts   |                        |  |  |  |  |  |  |
|              | Yes   | ■ Other. Specify NOTE LOAN  |                        |  |  |  |  |  |  |
| 4.1          | VERIZON WIRELESS  | Last 4 digits of account number   | \$228.00               |  |  |  |  |  |  |
| 7            | Nonpriority Creditor's Name 2009 N MAIN STREET  | When was the debt incurred?   | Ψ220.00                |  |  |  |  |  |  |
|              | Crossville, TN 38555  |   |                        |  |  |  |  |  |  |
|              | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |                        |  |  |  |  |  |  |
|              | Who incurred the debt? Check one.   |   |                        |  |  |  |  |  |  |
|              | ■ Debtor 1 only   | ☐ Contingent  |                        |  |  |  |  |  |  |
|              | Debtor 2 only   | ☐ Unliquidated  |                        |  |  |  |  |  |  |
|              | ☐ Debtor 1 and Debtor 2 only  | Disputed  |                        |  |  |  |  |  |  |
|              | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim: ☐ Student loans  |                        |  |  |  |  |  |  |
|              | ☐ Check if this claim is for a community debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not   |                        |  |  |  |  |  |  |
|              | Is the claim subject to offset?   | report as priority claims   |                        |  |  |  |  |  |  |
|              | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |                        |  |  |  |  |  |  |
|              | ☐ Yes   | ■ Other. Specify SERVICES   |                        |  |  |  |  |  |  |
|              |   |   |                        |  |  |  |  |  |  |
| Part         | 3: List Others to Be Notified About a D   | ebt That You Already Listed   |                        |  |  |  |  |  |  |
| is tı<br>hav | rying to collect from you for a debt you owe to   | I about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, someone else, list the original creditor in Parts 1 or 2, then list the collection agency hat you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional creditors here. | ere. Similarly, if you |  |  |  |  |  |  |
| ENH          | e and Address<br>IANCED RECOVERY  | On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.2 of (Check one):  | <b>;</b>               |  |  |  |  |  |  |
|              | BOX 57547<br>ksonville, FL 32241  | ■ Part 2: Creditors with Nonpriority Unsecured Cla  | aims                   |  |  |  |  |  |  |
| Jacr         | ASONVINE, FL 32241  | Last 4 digits of account number   |                        |  |  |  |  |  |  |
|              | e and Address   | On which entry in Part 1 or Part 2 did you list the original creditor?  |                        |  |  |  |  |  |  |
|              | ALTHCARE RECEIVABLES NANCY LYNN LANE SUITE 21   | Line 4.6 of (Check one):  |                        |  |  |  |  |  |  |
|              | xville, TN 37919  | Part 2: Creditors with Nonpriority Unsecured Clause 4 digits of account number  | ıims                   |  |  |  |  |  |  |
|              | e and Address   | On which entry in Part 1 or Part 2 did you list the original creditor?  |                        |  |  |  |  |  |  |
|              | ALTHCARE RECEIVABLES  | Line 4.3 of (Check one):  | 1                      |  |  |  |  |  |  |
|              | NANCY LYNN LANE SUITE 21 xville, TN 37919   | ■ Part 2: Creditors with Nonpriority Unsecured Cla  | aims                   |  |  |  |  |  |  |
|              |   | Last 4 digits of account number   |                        |  |  |  |  |  |  |
|              | e and Address   | On which entry in Part 1 or Part 2 did you list the original creditor?  |                        |  |  |  |  |  |  |
|              | FERSON CAPITAL  | Line 4.17 of (Check one):   |                        |  |  |  |  |  |  |
| -            | McLeland Rd.<br>at Cloud, MN 56303  | ■ Part 2: Creditors with Nonpriority Unsecured Cla  | aims                   |  |  |  |  |  |  |
|              | <del></del>   | Last 4 digits of account number   |                        |  |  |  |  |  |  |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Name and Address                        | •   | 2 did you list the original creditor?                 |  |  |  |
|---|---|---|--|--|--|
| TRANSWORLD SYSTEMS                      | Line 4.3 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| PO BOX 15270<br>Wilmington, DE 19850    |   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |
| Willington, DE 13030                    | Last 4 digits of account number           |   |  |  |  |
| Name and Address                        |   | 2 did you list the original creditor?                 |  |  |  |
| TRANSWORLD SYSTEMS                      | Line 4.4 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| PO BOX 15270<br>Wilmington, DE 19850    |   | Part 2: Creditors with Nonpriority Unsecured Claims   |  |  |  |
| 77                                      | Last 4 digits of account number           |   |  |  |  |
| Name and Address                        |   | 2 did you list the original creditor?                 |  |  |  |
| US DEPARTMENT OF EDUCATION              | Line <b>4.14</b> of ( <i>Check one</i> ): | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| PO BOX 1954<br>Southgate, MI 48195-0954 |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| Southgate, Mi 40193-0934                | Last 4 digits of account number           |   |  |  |  |
| Name and Address                        | On which entry in Part 1 or Part          | 2 did you list the original creditor?                 |  |  |  |
| WAKEFIELD & ASSOCIATES                  | Line 4.6 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| PO BOX 50250<br>KNOXVILLE, TN           |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| KNOXVILLE, IN                           | Last 4 digits of account number           |   |  |  |  |
| Name and Address                        | On which entry in Part 1 or Part          | 2 did you list the original creditor?                 |  |  |  |
| WAKEFIELD & ASSOCIATES                  | Line 4.9 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| PO BOX 50250<br>KNOXVILLE, TN           |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| MIOAVILLE, III                          | Last 4 digits of account number           |   |  |  |  |
| Name and Address                        | •   | 2 did you list the original creditor?                 |  |  |  |
| WAKEFIELD & ASSOCIATES                  | Line 4.5 of (Check one):                  | ☐ Part 1: Creditors with Priority Unsecured Claims    |  |  |  |
| PO BOX 50250<br>KNOXVILLE, TN           |   | ■ Part 2: Creditors with Nonpriority Unsecured Claims |  |  |  |
| MIOAVILLE, III                          | Last 4 digits of account number           |   |  |  |  |

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | Total Claim                |
|-----------------------|-----|---|-----|----------------------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$<br>0.00                 |
| Total                 |     |   |     |                            |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>759.00               |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00                 |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00                 |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>759.00               |
|                       | 6f. | Student loans   | 6f. | \$<br>Total Claim 7,174.00 |
| Total claims          |     |   |     | <br>.,                     |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00                 |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00                 |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>30,608.00            |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>37,782.00            |

| Fill in this inforr | nation to identify your  | case:              |           |   |                     |
|---------------------|--------------------------|--------------------|-----------|---|---------------------|
| Debtor 1            |                          |                    |           |   |                     |
|                     | First Name               | Middle Name        | Last Name |   |                     |
| Debtor 2            |                          |                    |           |   |                     |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |   |                     |
| United States Ba    | inkruptcy Court for the: | MIDDLE DISTRICT OF | TENNESSEE |   |                     |
| Case number _       |                          |                    |           |   |                     |
| (if known)          |                          |                    |           |   | Check if this is an |
|                     |                          |                    |           | á | amended filing      |

# Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Number | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------------------------|---|-------------------|---|
| 2.1 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.2 |           |                                |   |                   |   |
|     | Name      |                                |   |                   |   |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                                |   |                   |   |
| 0   | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   |   |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
| 2.4 | •         |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          |   |
| 2.5 |           |                                |   |                   |   |
|     | Name      |                                |   |                   | _                                       |
|     | Number    | Street                         |   |                   | _                                       |
|     | City      |                                | State   | ZIP Code          | <del>_</del>                            |
|     | J.,       |                                | State   |                   |   |

Doc 1

| Fill in this                | s information to identify your                                      | caso:  |                               |   |   |
|-----------------------------|---|--|-------------------------------|---|---|
|                             |   |  |                               |   |   |
| Debtor 1                    | CHARLA LASHA First Name   | E COOPER  Middle Name                                | Last Name                     |   |   |
| Debtor 2                    |   |  |                               |   |   |
| (Spouse if, fili            | ing) First Name   | Middle Name  | Last Name                     |   |   |
| United Sta                  | ates Bankruptcy Court for the:                                      | MIDDLE DISTRICT OF                                   | TENNESSEE                     |   |   |
| Case num<br>(if known)      | ber   |  |                               |   | ☐ Check if this is an amended filing  |
| Officia                     | l Form 106H   |  |                               |   |   |
|                             | dule H: Your Cod  | ahtors   |                               |   | 12/15   |
| 001100                      | daic III. I dai dad   | CDLOIG   |                               |   | 12/13   |
| fill it out, a<br>your name |   | boxes on the left. Attack<br>. Answer every question | n the Additional Page t<br>i. | o this page. On the top                 | eeded, copy the Additional Page,<br>p of any Additional Pages, write  |
| 1. 50                       | you have any codebiors: (II   | you are ming a joint case,                           | do not list ettilet spouse    | as a codebior.                          |   |
| ■ No<br>□ Yes               |   |  |                               |   |   |
|                             | chin the last 8 years, have you<br>na, California, Idaho, Louisiana |  |                               |   |   |
|                             | . Go to line 3.<br>s. Did your spouse, former spo                   | use, or legal equivalent liv                         | e with you at the time?       |   |   |
| in line<br>Form             | e 2 again as a codebtor only i                                      | if that person is a guarar                           | ntor or cosigner. Make        | sure you have listed th                 | g with you. List the person shown<br>ne creditor on Schedule D (Official<br>Schedule E/F, or Schedule G to fill |
|                             | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z  | IP Code  |                               | Column 2: The cre<br>Check all schedule | editor to whom you owe the debt<br>es that apply:   |
| 3.1                         |   |  |                               | ☐ Schedule D, lin                       | Δ   |
|                             | Name  |  |                               | _ ☐ Schedule E/F, I                     |   |
|                             |   |  |                               | ☐ Schedule G, lin                       | <del></del>   |
| -                           | Number Street   |  |                               | _                                       |   |
|                             | City  | State  | ZIP Code                      |   |   |
| 3.2                         |   |  |                               | ☐ Schedule D, lin                       | e   |
|                             | Name  |  |                               | ☐ Schedule E/F, I                       |   |
|                             |   |  |                               | ☐ Schedule G, lin                       | e   |
| -                           | Number Street   |  |                               | _                                       |   |
|                             | City  | State  | ZIP Code                      |   |   |

Schedule H: Your Codebtors

| Fill             | in this information to identify your c   | ase:                         |  |                       |             |                            |                           |                                 |                 |
|------------------|--|------------------------------|--|-----------------------|-------------|----------------------------|---------------------------|---------------------------------|-----------------|
| Deb              | otor 1 CHARLA LA   | SHAE COOPER                  |  |                       | _           |                            |                           |                                 |                 |
|                  | otor 2<br>use, if filing)  |                              |  |                       | -           |                            |                           |                                 |                 |
| Uni              | ted States Bankruptcy Court for the  | : MIDDLE DISTRICT C          | F TENNESSEE                                      |                       | _           |                            |                           |                                 |                 |
|                  | se number  |                              | _  |                       | Che         | eck if this is             | :                         |                                 |                 |
| (If kn           | own)   |                              |  |                       |             | An amende                  |                           |                                 |                 |
|                  | <b></b>  |                              |  |                       |             |                            |                           | g postpetition<br>llowing date: |                 |
|                  | fficial Form 106l  |                              |  |                       |             | MM / DD/ Y                 | YYYY                      |                                 |                 |
| S                | chedule I: Your Inc  | ome                          |  |                       |             |                            |                           |                                 | 12/15           |
| sup <sub> </sub> | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing w | ng jointly, and your s<br>ith you, do not includ | pouse is<br>le inform | living wit  | th you, incl<br>ut your sp | ude inform<br>ouse. If mo | nation about<br>ore space is    | your<br>needed, |
| 1.               | Fill in your employment information.   |                              | Debtor 1   |                       |             | Debtor :                   | 2 or non-fil              | ing spouse                      |                 |
|                  | If you have more than one job,   | Employment status            | ■ Employed                                       |                       |             | ☐ Employed                 |                           |                                 |                 |
|                  | attach a separate page with information about additional   | Employment status            | ☐ Not employed                                   |                       |             | ☐ Not employed             |                           |                                 |                 |
|                  | employers.   | Occupation                   | DSP  |                       |             |                            |                           |                                 |                 |
|                  | Include part-time, seasonal, or self-employed work.  | Employer's name              | SUPPORT SOLU                                     |                       | OF          |                            |                           |                                 |                 |
|                  | Occupation may include student or homemaker, if it applies.  | Employer's address           | 5909 SHELBY O.<br>SUITE 100<br>Memphis, TN 38    |                       | IVE         |                            |                           |                                 |                 |
|                  |  | How long employed t          | here? 2 YEAR                                     | S 1 MON               | NTH         |                            |                           |                                 |                 |
| Par              | t 2: Give Details About Mor  | nthly Income                 |  |                       |             |                            |                           |                                 |                 |
|                  | mate monthly income as of the duse unless you are separated.   | ate you file this form. If   | you have nothing to re                           | port for a            | ny line, wr | ite \$0 in the             | space. Inc                | lude your noi                   | n-filing        |
|                  | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                              | ombine the information                           | for all en            | nployers fo | or that perso              | on on the lin             | es below. If                    | you need        |
|                  |  |                              |  |                       | For D       | ebtor 1                    |                           | otor 2 or<br>ng spouse          |                 |
| 2.               | List monthly gross wages, sala deductions). If not paid monthly,   |                              |  | 2.                    | \$          | 2,355.00                   | \$                        | N/A                             |                 |
| 3.               | Estimate and list monthly overt  | ime pay.                     |  | 3.                    | +\$         | 0.00                       | +\$                       | N/A                             |                 |
| 4.               | Calculate gross Income. Add lin  | ne 2 + line 3.               |  | 4.                    | \$ 2.       | 355.00                     | \$                        | N/A                             |                 |

|     |                           |   |        | Fo                | r Debtor 1 |      |       | Debtor          |                 |                  |
|-----|---------------------------|---|--------|-------------------|------------|------|-------|-----------------|-----------------|------------------|
|     | Copy                      | y line 4 here   | 4.     | \$                | 2,355      | .00  | \$    |                 | N/A             | _                |
| _   |                           |   |        |                   |            |      |       |                 |                 | _                |
| 5.  | List                      | all payroll deductions:   |        |                   |            |      |       |                 |                 |                  |
|     | 5a.                       | Tax, Medicare, and Social Security deductions   | 5a.    | \$_               | 182        | .00  | \$    |                 | N/A             | _                |
|     | 5b.                       | Mandatory contributions for retirement plans  | 5b.    | \$_               |            | .00  | \$    |                 | N/A             | _                |
|     | 5c.                       | Voluntary contributions for retirement plans  | 5c.    | \$_               | 0          | .00  | \$_   |                 | N/A             | _                |
|     | 5d.                       | Required repayments of retirement fund loans  | 5d.    | \$_               |            | .00  | \$_   |                 | N/A             | _                |
|     | 5e.                       | Insurance   | 5e.    | \$_               |            | .00  | \$    |                 | N/A             | _                |
|     | 5f.                       | Domestic support obligations  | 5f.    | \$_               | 0          | .00  | \$_   |                 | N/A             | _                |
|     | 5g.                       | Union dues  | 5g.    | \$_               |            | .00  | \$_   |                 | N/A             | _                |
|     | 5h.                       | Other deductions. Specify:  | 5h     | + \$ <sub>_</sub> | 0          | .00  | + \$_ |                 | N/A             | <u> </u>         |
| 6.  | Add                       | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.     | \$_               | 192        | .00  | \$    |                 | N/A             | <u>-</u>         |
| 7.  | Calc                      | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.     | \$_               | 2,163      | .00  | \$    |                 | N/A             | _                |
| 8.  | List a<br>8a.             | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.    | \$                | 0          | .00  | \$    |                 | N/A             |                  |
|     | 8b.                       | Interest and dividends  | 8b.    | \$                |            | .00  | \$_   |                 | N/A             | _                |
|     | 8c.                       | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.    | \$                |            | .00  | \$    |                 | N/A             | _                |
|     | 8d.                       | Unemployment compensation   | 8d.    | \$                |            | .00  | \$_   |                 | N/A             | _                |
|     | 8e.                       | Social Security   | 8e.    | \$                |            | .00  | \$_   |                 | N/A             | _                |
|     | 8f.                       | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.    | \$_               | 0          | .00  | \$    |                 | N/A             | _                |
|     | 8g.                       | Pension or retirement income  | 8g.    | \$_               | 0          | .00  | \$    |                 | N/A             | _                |
|     | 8h.                       | Other monthly income. Specify:  | 8h     | + \$_             | 0          | .00  | + \$  |                 | N/A             | _                |
| 9.  | Add                       | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.     | \$_               | 0          | .00  | \$_   |                 | N//             | <b>A</b>         |
| 10. | Calc                      | ulate monthly income. Add line 7 + line 9.  | 10. \$ |                   | 2,163.00   | + \$ |       | N/A             | = \$            | 2,163.00         |
|     |                           | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | '      |                   |            | ' -  |       |                 | .   ' -         | _,               |
| 11. | State<br>Include<br>other | de all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your rifiends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a                | deper  |                   | -          |      |       | Schedule<br>11. |                 | 0.00             |
| 12. |                           | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines  |        |                   |            |      |       | 12.             | \$              | 2,163.00         |
| 13. | Do y                      | ou expect an increase or decrease within the year after you file this form No.  | ?      |                   |            |      |       |                 | Combi<br>monthl | ned<br>ly income |
|     |                           | Yes. Explain:   |        |                   |            |      |       |                 |                 |                  |

| <b>1</b> 2811     | in this informs                                | ation to identify w                                   | our case:                               | <u> </u>  |  |                 |                   |                               |
|-------------------|--|---|---|---|--|-----------------|-------------------|-------------------------------|
|                   | in this information                            | CHARLA LA   |   | OODED   |  | Cha             | ck if this is:    |                               |
| Deb               | ntor r   | CHARLA LA   | SHAE CO                                 | DOPER   |  |                 | An amended filing |                               |
|                   | otor 2   |   |   |   |  |                 | A supplement show | ving postpetition chapter     |
| (Spo              | ouse, if filing)                               |   |   |   |  |                 | 13 expenses as of | the following date:           |
| Unit              | ed States Bank                                 | ruptcy Court for the                                  | : MIDDLE                                | E DISTRICT OF TENNESS                                       | SEE  | -               | MM / DD / YYYY    |                               |
|                   | e number<br>nown)                              |   |   |   |  |                 |                   |                               |
|                   | (C)  | 4001  |   |   |  |                 |                   |                               |
|                   |  | orm 106J<br>• <b>J: Your</b>                          | Evnor                                   | nene  |  |                 |                   | 12/15                         |
| Be<br>info<br>nur | as complete<br>ormation. If m<br>mber (if know | and accurate as<br>nore space is ne<br>n). Answer eve | s possible.<br>eded, atta<br>ry questio | If two married people ar                                    |  |                 |                   | r supplying correct           |
| Par<br>1.         | t 1: Desc                                      | ribe Your House<br>nt case?                           | hold                                    |   |  |                 |                   |                               |
|                   | ■ No. Go to                                    | o line 2.   | in a separa                             | ate household?  |  |                 |                   |                               |
|                   | □ N<br>□ Y                                     |   | st file Offici                          | al Form 106J-2, <i>Expense</i> s                            | for Separate Housel                        | nold of Deb     | tor 2.            |                               |
| 2.                | Do you hav                                     | e dependents?   | ■ No                                    |   |  |                 |                   |                               |
|                   | Do not list D<br>Debtor 2.                     | •   | ☐ Yes.                                  | Fill out this information for each dependent                | Dependent's relation<br>Debtor 1 or Debtor |                 | Dependent's age   | Does dependent live with you? |
|                   | Do not state                                   | the   |   |   |  |                 |                   | □ No                          |
|                   | dependents                                     | names.  |   |   |  |                 |                   | ☐ Yes                         |
|                   |  |   |   |   |  |                 |                   | □ No<br>□ Yes                 |
|                   |  |   |   |   |  |                 |                   | □ No                          |
|                   |  |   |   |   |  |                 |                   | ☐ Yes                         |
|                   |  |   |   |   |  |                 |                   | □ No                          |
|                   |  |   |   |   |  |                 |                   | ☐ Yes                         |
| 3.                |  | penses include<br>of people other t                   | han                                     | No  |  |                 |                   |                               |
|                   |  | d your depende  |   | Yes   |  |                 |                   |                               |
| Par               |  | nate Your Ongoi                                       |   |   |  |                 |                   |                               |
| exp               |  | a date after the                                      |   | uptcy filing date unless y<br>y is filed. If this is a supp |  |                 |                   |                               |
| the               | value of suc                                   | h assistance an                                       |   | government assistance in<br>cluded it on Schedule I: Y      |  |                 | Vaur ave          |                               |
| (Of               | ficial Form 10                                 | 061.)   |   |   |  |                 | Your exp          | #115 <del>6</del> 5           |
| 4.                |  | or home owners<br>nd any rent for th                  |   | ses for your residence. In                                  | nclude first mortgage                      | 4. \$           | i                 | 600.00                        |
|                   | If not include                                 | ded in line 4:  |   |   |  |                 |                   |                               |
|                   | 4a. Real                                       | estate taxes  |   |   |  | 4a. \$          | }                 | 0.00                          |
|                   | •  | erty, homeowner's                                     |   |   |  | 4b. \$          |                   | 0.00                          |
|                   |  | ·   | •                                       | ipkeep expenses   |  | 4c. \$          |                   | 100.00                        |
| E                 |  | eowner's associa                                      |   |   | mo oquity looss                            | 4d. \$<br>5. \$ |                   | 0.00                          |
| 5.                | Auditional                                     | mortgage paym   | ents for yo                             | our residence, such as ho                                   | ne equity loans                            | ວ. 🕽            | •                 | 0.00                          |

|     | OTHER ENGINE GOOT ER   | 0400         | 20. ()     |          |
|-----|--|--------------|------------|----------|
| 6.  | Utilities:   |              |            |          |
| -   | 6a. Electricity, heat, natural gas   | 6a.          | \$         | 0.00     |
|     | 6b. Water, sewer, garbage collection   | 6b.          | \$         | 0.00     |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.          | \$         | 82.00    |
|     | 6d. Other. Specify:  | 6d.          | \$         | 0.00     |
| 7.  | Food and housekeeping supplies   |              | \$         | 400.00   |
| 8.  | Childcare and children's education costs   | 8.           | \$         | 0.00     |
| 9.  | Clothing, laundry, and dry cleaning  | 9.           | \$         | 100.00   |
| 10. | Personal care products and services  | 10.          | \$         | 150.00   |
|     | Medical and dental expenses  | 11.          | \$         | 300.00   |
|     | Transportation. Include gas, maintenance, bus or train fare.   |              |            |          |
|     | Do not include car payments.   | 12.          |            | 200.00   |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.          | \$         | 100.00   |
| 14. | Charitable contributions and religious donations   | 14.          | \$         | 0.00     |
| 15. | Insurance.   |              |            |          |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.  |              | _          |          |
|     | 15a. Life insurance  | 15a.         | •          | 0.00     |
|     | 15b. Health insurance  | 15b.         |            | 0.00     |
|     | 15c. Vehicle insurance   | 15c.         |            | 54.00    |
|     | 15d. Other insurance. Specify:   | 15d.         | \$         | 0.00     |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  |              | _          |          |
|     | Specify:   | 16.          | \$         | 0.00     |
| 17. | Installment or lease payments:   | 4-           | •          |          |
|     | 17a. Car payments for Vehicle 1  | 17a.         |            | 0.00     |
|     | 17b. Car payments for Vehicle 2  | 17b.         | •          | 0.00     |
|     | 17c. Other. Specify: STUDENT LOAN  | 17c.         | ·          | 21.00    |
|     | 17d. Other. Specify:   | 17d.         | \$         | 0.00     |
| 18. | Your payments of alimony, maintenance, and support that you did not report as  | 18.          | \$         | 0.00     |
| 10  | deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). Other payments you make to support others who do not live with you. | 10.          | \$         |          |
| 19. |  | 19.          | Φ          | 0.00     |
| 20  | Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Scheol  |              | our Incomo |          |
| 20. | 20a. Mortgages on other property   | 20a.         |            | 0.00     |
|     | 20b. Real estate taxes   | 20b.         | •          | 0.00     |
|     | 20c. Property, homeowner's, or renter's insurance  | 20c.         |            | 0.00     |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20d.         | ·          | 0.00     |
|     | 20e. Homeowner's association or condominium dues   | 20d.<br>20e. | ·          | 0.00     |
| 24  |  |              | · —        |          |
| ۷١. | Other: Specify: IRS  | 21.          | · · ·      | 25.00    |
|     | PET EXPENSES   |              | +\$        | 25.00    |
| 22. | Calculate your monthly expenses  |              |            |          |
|     | 22a. Add lines 4 through 21.   |              | \$         | 2,157.00 |
|     | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |              | \$         | , ,      |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.  |              | \$         | 2,157.00 |
|     |  |              |            | 2,137.00 |
| 23. | Calculate your monthly net income.   |              |            |          |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.         |            | 2,163.00 |
|     | 23b. Copy your monthly expenses from line 22c above.   | 23b.         | -\$        | 2,157.00 |
|     |  |              |            |          |
|     | 23c. Subtract your monthly expenses from your monthly income.  | 220          | <b> </b>   | 6.00     |
|     | The result is your monthly net income.   | 23c.         | \$         | 0.00     |

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

☐ Yes.

Explain here: DEBTOR DOES NOT HAVE HEALTH INSURANCE AND PAYS FOR THERAPY OUT OF POCKET.

UTILITIES ARE INCLUDED IN RENT.

| Debtor 1   | CHARLA LASHAE COOPER  |  |                                  |  |   |  |   |
|--|---|--|----------------------------------|--|---|--|---|
|  | First Name  | Middle Name  | •                                | Last Name  |   | _  |   |
| Debtor 2   | Final   | M. 1 11 M. M.  |                                  |  |   | _  |   |
| Spouse if, filing)   | First Name  | Middle Name  |                                  | Last Name  |   |  |   |
| Inited States Ba   | ankruptcy Court for the   | : MIDDLE DIST  | RICT OF TENN                     | IESSEE   |   | _  |   |
| Case number  |   |  |                                  |  |   |  |   |
| f known)   |   |  |                                  |  |   |  | Check if this is an amended filing                |
| Official For   | m 106Dec  |  |                                  |  |   |  |   |
| Declara  | tion About  | an Indivi  | dual De                          | ebtor's S  | Schedule  | S  | 12 <i>/</i>                                       |
| two married n  | eople are filing toget  | her hoth are equa  | lly roomeneible                  | for cumplying c  | correct information   | n  |   |
|  |   |  | uv responsible                   |  |   |  |   |
| two married p  |   | ilei, botii ale equa   | ily responsible                  | i lor supplying c  | , , , , , , , , , , , , , , , , , , ,                                     |  |   |
| ou must file th  | is form whenever you  | ı file bankruptcy s  | chedules or ar                   | nended schedu  | les. Making a fals  |  | oncealing property, or                            |
| ou must file th<br>btaining mone   | is form whenever you  | ı file bankruptcy s<br>d in connection wi  | chedules or ar                   | nended schedu  | les. Making a fals  |  | oncealing property, or<br>prisonment for up to 20 |
| ou must file th<br>btaining mone   | is form whenever you  | ı file bankruptcy s<br>d in connection wi  | chedules or ar                   | nended schedu  | les. Making a fals  |  |   |
| ou must file th<br>btaining mone   | is form whenever you  | ı file bankruptcy s<br>d in connection wi  | chedules or ar                   | nended schedu  | les. Making a fals  |  |   |
| ou must file th<br>btaining mone<br>ears, or both. 1   | is form whenever you<br>y or property by frau<br>18 U.S.C. §§ 152, 1341   | ı file bankruptcy s<br>d in connection wi  | chedules or ar                   | nended schedu  | les. Making a fals  |  |   |
| ou must file th<br>btaining mone<br>ears, or both. 1   | is form whenever you  | ı file bankruptcy s<br>d in connection wi  | chedules or ar                   | nended schedu  | les. Making a fals  |  |   |
| ou must file th<br>btaining mone<br>ears, or both. 1   | is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341<br>In Below  | i file bankruptcy s<br>d in connection wi<br>, 1519, and 3571.   | chedules or ar<br>th a bankrupto | nended schedu<br>y case can resu   | les. Making a fals<br>ılt in fines up to \$                               | 250,000, or im <sub>l</sub>  |   |
| ou must file th<br>btaining mone<br>ears, or both. 1   | is form whenever you<br>y or property by frau<br>18 U.S.C. §§ 152, 1341   | i file bankruptcy s<br>d in connection wi<br>, 1519, and 3571.   | chedules or ar<br>th a bankrupto | nended schedu<br>y case can resu   | les. Making a fals<br>ılt in fines up to \$                               | 250,000, or im <sub>l</sub>  |   |
| ou must file th<br>btaining mone<br>ears, or both. 1   | is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341<br>In Below  | i file bankruptcy s<br>d in connection wi<br>, 1519, and 3571.   | chedules or ar<br>th a bankrupto | nended schedu<br>y case can resu   | les. Making a fals<br>ılt in fines up to \$                               | 250,000, or im <sub>l</sub>  |   |
| ou must file the btaining mone ears, or both. 1  Sig  Did you pa   | is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341<br>In Below<br>ay or agree to pay so   | I file bankruptcy s<br>d in connection wi<br>, 1519, and 3571.   | chedules or ar<br>th a bankrupto | nended schedu<br>y case can resu<br>o help you fill ou                     | les. Making a fals<br>ılt in fines up to \$<br>ut bankruptcy for          | 250,000, or im <br>ms?   | prisonment for up to 20                           |
| ou must file the btaining mone ears, or both. 1  Sig  Did you pa   | is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341<br>In Below  | I file bankruptcy s<br>d in connection wi<br>, 1519, and 3571.   | chedules or ar<br>th a bankrupto | nended schedu<br>y case can resu<br>o help you fill ou                     | les. Making a fals ilt in fines up to \$  ut bankruptcy for               | 250,000, or important impo |   |
| ou must file the btaining mone ears, or both. 1  Sig  Did you pa   | is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341<br>In Below<br>ay or agree to pay so   | I file bankruptcy s<br>d in connection wi<br>, 1519, and 3571.   | chedules or ar<br>th a bankrupto | nended schedu<br>y case can resu<br>o help you fill ou                     | les. Making a fals ilt in fines up to \$  ut bankruptcy for               | 250,000, or important impo | prisonment for up to 20                           |
| ou must file the btaining mone ears, or both. 1  Sig  Did you pa  No  Yes.                                   | is form whenever you<br>y or property by fraud<br>18 U.S.C. §§ 152, 1341<br>In Below<br>ay or agree to pay so   | i file bankruptcy s<br>d in connection wi<br>, 1519, and 3571.   | chedules or ar<br>th a bankrupto | nended schedu<br>y case can resu<br>o help you fill ou                     | les. Making a fals ult in fines up to \$  ut bankruptcy for  Attac        | 250,000, or imposed im | prisonment for up to 20                           |
| Did you pa   | is form whenever you y or property by frauce 18 U.S.C. §§ 152, 1341 In Below  ay or agree to pay so  Name of person  alty of perjury, I declare true and correct.                                 | I file bankruptcy s<br>d in connection wi<br>, 1519, and 3571.<br>meone who is NOT   | chedules or ar<br>th a bankrupto | nended schedul<br>y case can result<br>o help you fill ou                  | les. Making a fals ult in fines up to \$  ut bankruptcy for  Attac        | 250,000, or imposed im | prisonment for up to 20                           |
| ou must file the btaining mone ears, or both. 1  Sig  Did you pa  No  Yes.  Under penathat they as  X /s/ CH | is form whenever you y or property by frauce 18 U.S.C. §§ 152, 1341 In Below  Any or agree to pay so  Name of person  Alty of perjury, I declare true and correct.  ARLA LASHAE CO                | I file bankruptcy sid in connection wing the second state of the second state of the second se | chedules or ar<br>th a bankrupto | nended schedul<br>y case can result<br>o help you fill ou<br>and schedules | les. Making a fals ult in fines up to \$  ut bankruptcy for  Attac        | 250,000, or imposed im | prisonment for up to 20                           |
| Did you pa  No  Ves.  Under penathat they as  X /s/ CH CHAR  | is form whenever you y or property by frauce 18 U.S.C. §§ 152, 1341 In Below  ay or agree to pay so  Name of person  alty of perjury, I declare true and correct.                                 | I file bankruptcy sid in connection wing the second state of the second state of the second se | chedules or ar<br>th a bankrupto | nended schedul<br>y case can result<br>o help you fill ou<br>and schedules | les. Making a fals ult in fines up to \$  ut bankruptcy for  Attact  Deck | 250,000, or imposed im | prisonment for up to 20                           |
| Did you pa  No  Yes.  Under penathat they an  X /s/ CH CHAR Signatu  | is form whenever you y or property by frauce 18 U.S.C. §§ 152, 1341 In Below  Any or agree to pay so  Name of person  Alty of perjury, I declare true and correct.  ARLA LASHAE CO LA LASHAE COOF | I file bankruptcy sid in connection wing the second state of the second state of the second se | chedules or ar<br>th a bankrupto | nended schedul<br>y case can result<br>o help you fill ou<br>and schedules | les. Making a fals ult in fines up to \$  ut bankruptcy for  Attact  Deck | 250,000, or imposed im | prisonment for up to 20                           |

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules** 

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Best Case Bankruptcy

| Fill in this infor                               | mation to identify you  | r case:   |   |  |   |
|--|---|---|---|--|---|
| Debtor 1   | CHARLA LASHA  |   |   |  |   |
|  | First Name  | Middle Name   | Last Name   |  |   |
| Debtor 2<br>(Spouse if, filing)                  | First Name  | Middle Name   | Last Name   |  |   |
| United States Ba                                 | ankruptcy Court for the:  | MIDDLE DISTRICT OF TI   | ENNESSEE  |  |   |
| Casa numbar                                      |   |   |   |  |   |
| Case number (if known)                           |   |   |   |  | Check if this is an                                   |
|  |   |   |   | ;  | amended filing  |
| Official Ea                                      | rm 107  |   |   |  |   |
| Official Fo                                      |   | Affairs for Individ   | luals Filing for B  | ankruntov                                  | 4/1:  |
| Be as complete information. If r number (if know | and accurate as poss<br>nore space is needed,<br>n). Answer every que | ible. If two married people a<br>attach a separate sheet to t<br>stion.                           | re filing together, both are<br>this form. On the top of an | equally responsible for sup                |   |
| Part 1: Give                                     | Details About Your Ma   | arital Status and Where You   | Lived Before  |  |   |
| 1. What is you                                   | ır current marital statı  | ıs?   |   |  |   |
| ☐ Married  | _   |   |   |  |   |
| ■ Not ma   | arried  |   |   |  |   |
| 2. During the                                    | last 3 years, have you  | lived anywhere other than v   | where you live now?   |  |   |
| □ No   |   |   |   |  |   |
| Yes. Li  | st all of the places you  | lived in the last 3 years. Do no  | ot include where you live now                               | I.   |   |
| Debtor 1 P                                       | rior Address:   | Dates Debtor 1 lived there  | Debtor 2 Prior Ad   | ldress:                                    | Dates Debtor 2<br>lived there                         |
|  | RTS DRIVE<br>e, TN 38555  | From-To:<br><b>6/1996 - 6/201</b> 8   | ☐ Same as Debtor  | 1  | ☐ Same as Debtor 1 From-To:                           |
| states and territo  No                           | <i>rie</i> s include Arizona, Ca                                      | ver live with a spouse or leg<br>llifornia, Idaho, Louisiana, Nev<br>hedule H: Your Codebtors (Of | vada, New Mexico, Puerto R                                  |  |   |
| Part 2 Expla                                     | in the Sources of You   | ır Income   |   |  |   |
| Fill in the tot                                  | al amount of income yo  | nployment or from operating<br>ur received from all jobs and a<br>have income that you receive    | all businesses, including part                              | -time activities.                          | endar years?  |
| □ No   |   |   |   |  |   |
| Yes. Fi  | III in the details.   |   |   |  |   |
|  |   | Debtor 1  |   | Debtor 2                                   |   |
|  |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)       | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|  | l of current year until<br>ed for bankruptcy:                         | ■ Wages, commissions, bonuses, tips   | \$13,883.36   | ☐ Wages, commissions, bonuses, tips        |   |
|  |   | ☐ Operating a business  |   | ☐ Operating a business                     |   |
| Official Form 107                                |   | Statement of Financial Affa   | airs for Individuals Filing for B                           | ankruptcy                                  | page 1  |

Official Form 107

|   |   |  |  | Debtor 1  |   | Debtor 2   |   |   |
|---|---|--|--|---|---|--|---|---|
|   |   |  |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)   | Sources of inco  |   | Gross income<br>(before deductions<br>and exclusions)           |
| For last calendar year:<br>(January 1 to December 31, 2018) |   | ■ Wages, commissions, bonuses, tips  | \$27,317.00  | ☐ Wages, combonuses, tips   | missions,   |  |   |   |
|   |   |  |  | ☐ Operating a business  |   | ☐ Operating a I  | ousiness  |   |
|   |   | dar year be  |  | ■ Wages, commissions, bonuses, tips   | \$20,838.00   | ☐ Wages, combonuses, tips  | missions,   |   |
|   |   |  |  | ☐ Operating a business  |   | ☐ Operating a l  | ousiness  |   |
| 5.  | Include in and other winnings.  List each | come regard<br>public benef<br>If you are fili   | less of wheth<br>it payments;<br>ng a joint cas<br>he gross inco   | e during this year or the two<br>er that income is taxable. Exa<br>pensions; rental income; inter<br>e and you have income that y<br>me from each source separat  | imples of other income are a<br>est; dividends; money collect<br>ou received together, list it o  | ted from lawsuits;<br>nly once under De  | royalties; and<br>ebtor 1.                                  |   |
|   |   |  |  | Debtor 1  |   | Debtor 2   |   |   |
|   |   |  |  | Sources of income Describe below.   | Gross income from each source (before deductions and exclusions)  | Sources of inco  |   | Gross income<br>(before deductions<br>and exclusions)           |
| Pai   | rt 3: Lis                                 | t Certain Pa   | vments You   | Made Before You Filed for I   | ,   |  |   |   |
| 6.  | Are eithe ☐ No.                           | Properties of the control of the con | or Debtor 2' ebtor 1 nor D orimarily for a 90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo Go to line 7 List below e include pay | s debts primarily consumer ebtor 2 has primarily consupersonal, family, or household re you filed for bankruptcy, diest ach creditor to whom you painteditor. Do not include payment payments to an attorney for the on 4/01/22 and every 3 years or both have primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy, diestore to 2 has primarily consumer you filed for bankruptcy. | debts? Imer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$6,825* or more in tts for domestic support oblig his bankruptcy case. s after that for cases filed on mer debts. d you pay any creditor a total d a total of \$600 or more and | of \$6,825* or more none or more pay ations, such as che or after the date of for \$600 or more? | re? ments and th ild support ar f adjustment. you paid that | ne total amount you<br>nd alimony. Also, do<br>creditor. Do not |
|   | Creditor                                  | 's Name and  | d Address  | Dates of payme  | nt Total amount   | Amount you   | Was this p  | ayment for  |
|   |   |  |  |   | paid  | still owe  |   |   |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Best Case Bankruptcy

per person

Address:

Statement of Financial Affairs for Individuals Filing for Bankruptcy

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Describe the gifts

Doc 1

page 3

Value

Yes. Fill in the details for each gift. Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

Dates you gave

the gifts

transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Official Form 107

☐ Yes. Fill in the details.

Person Who Received Transfer Address

Description and value of property transferred

Describe any property or payments received or debts paid in exchange Date transfer was made

Person's relationship to you

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

| 19.   | <ul> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you ar beneficiary? (These are often called asset-protection devices.)</li> <li>No</li> </ul>  |  |                            | of which you are a |  |   |
|---|---|--|----------------------------|--------------------|--|---|
|   | ☐ Yes. Fill in the details.   |  |                            |                    |  |   |
|   | Name of trust   | Description and  | value of the pro           | perty trans        | sferred  | Date Transfer was made                        |
| Par   | List of Certain Financial Accounts, Ins   | struments, Safe Depos  | sit Boxes, and St          | orage Unit         | s  |   |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, b houses, pension funds, cooperatives, associations, and other financial institutions. |   |  | , ,                        |                    |  |   |
|   | Yes. Fill in the details.   |  |                            |                    |  |   |
|   | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                                      | Type of account instrument | unt or             | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21.   | Do you now have, or did you have within 1 y cash, or other valuables?   | year before you filed fo   | or bankruptcy, ar          | ny safe dep        | oosit box or other depos                             | itory for securities,                         |
|   | ■ No<br>□ Yes. Fill in the details.   |  |                            |                    |  |   |
|   | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had at<br>Address (Number,<br>State and ZIP Code)           |                            | Describe           | the contents   | Do you still have it?                         |
| 22.   | Have you stored property in a storage unit o  | or place other than you  | ur home within 1           | year befor         | e you filed for bankrupt                             | cy?   |
|   | ■ No □ Yes. Fill in the details.  |  |                            |                    |  |   |
|   | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has on<br>to it?<br>Address (Number,<br>State and ZIP Code) |                            | Describe           | the contents   | Do you still have it?                         |
| Par   | 9: Identify Property You Hold or Control  | for Someone Else   |                            |                    |  |   |
| 23.   | Do you hold or control any property that so for someone.  | meone else owns? Inc   | lude any propert           | ty you borr        | rowed from, are storing                              | for, or hold in trust                         |
|   | ■ No<br>□ Yes. Fill in the details.   |  |                            |                    |  |   |
|   | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City<br>Code)                   |                            | Describe           | the property   | Value   |
| Par   | 10: Give Details About Environmental Info   | ormation   |                            |                    |  |   |
| For   | For the purpose of Part 10, the following definitions apply:  |  |                            |                    |  |   |
|   | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous of toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |  |                            |                    |  |   |
|   | Site means any location, facility, or property to own, operate, or utilize it, including dispose  |  | environmental I            | aw, wheth          | er you now own, operate                              | e, or utilize it or used                      |
|   | Hazardous material means anything an envi<br>hazardous material, pollutant, contaminant,  |  | s as a hazardous           | waste, ha          | zardous substance, toxi                              | c substance,                                  |
| Rep   | eport all notices, releases, and proceedings that you know about, regardless of when they occurred.   |  |                            |                    |  |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| 24. | Has   | ny governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |                    |  |  |
|-----|---|---|--|--|--------------------|--|--|
|     |   | No<br>Yes. Fill in the details.   |  |  |                    |  |  |
|     |   | me of site dress (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                      | Date of notice     |  |  |
| 25. | Hav   | e you notified any governmental unit of   | any release of hazardous material?   |  |                    |  |  |
|     |   | No<br>Yes. Fill in the details.   |  |  |                    |  |  |
|     |   | me of site<br>dress (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                      | Date of notice     |  |  |
| 26. | Hav   | e you been a party in any judicial or adn   | ninistrative proceeding under any envi                                     | ronmental law? Include settlements                     | and orders.        |  |  |
|     |   | No<br>Yes. Fill in the details.   |  |  |                    |  |  |
|     |   | se Title<br>se Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                     | Status of the case |  |  |
| Par | t 11:   | Give Details About Your Business or   | Connections to Any Business  |  |                    |  |  |
| 27. | With  | nin 4 years before you filed for bankrupt   | cy, did you own a business or have an                                      | y of the following connections to an                   | y business?        |  |  |
|     |   | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                 |  |  |                    |  |  |
|     |   | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |  |                    |  |  |
|     |   | ☐ A partner in a partnership  |  |  |                    |  |  |
|     |   | ☐ An officer, director, or managing ex  | ecutive of a corporation   |  |                    |  |  |
|     |   | ☐ An owner of at least 5% of the votin  | g or equity securities of a corporation                                    |  |                    |  |  |
|     |   | No. None of the above applies. Go to F  | Part 12.   |  |                    |  |  |
|     |   | Yes. Check all that apply above and fill  | in the details below for each business                                     | <b>3.</b>  |                    |  |  |
|     |   | siness Name   | Describe the nature of the business  | Employer Identification number                         |                    |  |  |
|     |   | dress nber, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper   | Do not include Social Security  Dates business existed | number or ITIN.    |  |  |
| 28. | 3. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |  |  |                    |  |  |
|     |   | No<br>Yes. Fill in the details below.   |  |  |                    |  |  |
|     |   | me<br>dress<br>nber, Street, City, State and ZIP Code)  | Date Issued  |  |                    |  |  |
|     |   |   |  |  |                    |  |  |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 CHARLA LASHAE COOPER                 |  | Case number (if known)  |
|---|--|---|
|   |  |   |
| Part 12: Sign Below                           |  |   |
|   | ng a false statement, concealing prope   | es, and I declare under penalty of perjury that the answers erty, or obtaining money or property by fraud in connection to 20 years, or both. |
| /s/ CHARLA LASHAE COOPER                      |  |   |
| CHARLA LASHAE COOPER<br>Signature of Debtor 1 | Signature of Debtor 2                    |   |
| Date June 25, 2019                            | Date                                     |   |
| Did you attach additional pages to Your Sta   | tement of Financial Affairs for Individu | uals Filing for Bankruptcy (Official Form 107)?   |
| No  |  |   |
| ☐ Yes   |  |   |
|   |  |   |

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Official Form 107

■ No

| Fill in this inform   | nation to identify your   | case:   |  |  |  |  |
|---|---|---|--|--|--|--|
| Debtor 1  | CHARLA LASHA  |   |  |  |  |  |
| Debtor 2  | First Name  | Middle Name   | Last Name  |  |  |  |
| (Spouse if, filing)   | First Name  | Middle Name   | Last Name  | -  |  |  |
| United States Bar   | kruptcy Court for the:  | MIDDLE DISTRIC  | CT OF TENNESSEE  | _  |  |  |
| Case number(if known)                                       |   |   |  | ☐ Check if this is an amended filing                     |  |  |
| Official For<br>Statemen                                    |   | on for Indiv  | riduals Filing Under Cha   | pter 7 12/15   |  |  |
| ■ creditors have<br>■ you have lease<br>You must file this  | er is earlier, unless t   | our property, or<br>and the lease has n<br>vithin 30 days after |  |  |  |  |
| sign and  | If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). |   |  |  |  |  |
| 1. For any credito  | ors that you listed in P  |   | : Creditors Who Have Claims Secured by Pro   | perty (Official Form 106D), fill in the                  |  |  |
| information bel   | ditor and the property  | that is collateral  | What do you intend to do with the property secures a debt?   | that Did you claim the property as exempt on Schedule C? |  |  |
| Creditor's CI name:  Description of property securing debt: | HASE AUTO FINAN<br>2009 FORD FUSIC<br>VEHICLE WAS WI<br>TOTALLED IN FEI   | ON<br>RECKED AND  | <ul> <li>■ Surrender the property.</li> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | □ No<br>■ Yes  |  |  |
| Creditor's <b>M</b> <sub>A</sub>                            | ARTINS WRECKER  |   | ■ Surrender the property.  □ Retain the property and redeem it. □ Retain the property and enter into a   | □ No ■ Yes   |  |  |
| Description of property securing debt:                      | 2009 FORD FUSIC<br>VEHICLE WAS WI<br>TOTALLED IN FEI  | RECKED AND  | Reaffirmation Agreement.  Retain the property and [explain]:   |  |  |  |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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Best Case Bankruptcy

| Deb  | tor 1   | CHARLA LASHAE COOPER                                   | Case number (if known)  |  |  |
|------|---|--|-------------------------|--|--|
| Des  | sor's na<br>cription<br>perty:  | ame:<br>of leased                                      | □ No                    |  |  |
| Des  | sor's na<br>cription<br>perty:  | nme:<br>of leased                                      | □ No □ Yes              |  |  |
| Des  | sor's na<br>cription<br>perty:  | nme:<br>of leased                                      | □ No □ Yes              |  |  |
| Des  | sor's na<br>cription<br>perty:  | nme:<br>of leased                                      | □ No □ Yes              |  |  |
| Des  | sor's na<br>cription<br>perty:  | ame:<br>of leased                                      | □ No □ Yes              |  |  |
| Des  | sor's na<br>cription<br>perty:  | ame:<br>of leased                                      | □ No □ Yes              |  |  |
| Des  | sor's na<br>cription<br>perty:  | ame:<br>of leased                                      | □ No □ Yes              |  |  |
| Unde | Part 3: Sign Below  Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. |  |                         |  |  |
| X    | CHAI  | HARLA LASHAE COOPER RLA LASHAE COOPER ture of Debtor 1 | X Signature of Debtor 2 |  |  |
|      | Date  | June 25, 2019  | Date                    |  |  |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7:    | Liquidation        |
|---------------|--------------------|
| \$245         | filing fee         |
| \$75          | administrative fee |
| <u>+</u> \$15 | trustee surcharge  |
| \$335         | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

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most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_form s.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

#### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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## **United States Bankruptcy Court**Middle District of Tennessee

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## **United States Bankruptcy Court Middle District of Tennessee**

| In re   | CHARLA LASHAE COOPER           |   | Case No.        |                         |
|---------|--------------------------------|---|-----------------|-------------------------|
|         |                                | Debtor(s)   | Chapter         | 7                       |
|         | VE                             | RIFICATION OF CREDITOR M                                | IATRIX          |                         |
|         |                                |   |                 |                         |
| The abo | ove-named Debtor hereby verifi | ies that the attached list of creditors is true and com | rect to the bes | t of his/her knowledge. |
| Date:   | June 25, 2019                  | /s/ CHARLA LASHAE COOPER                                |                 |                         |
|         |                                | CHARLA LASHAE COOPER                                    |                 |                         |
|         |                                | Signature of Debtor                                     |                 |                         |

CHARLA LASHAE COOPER 410 DAYTON AVE CROSSVILLE TN 38555

HARRY G. LASSER IV HARRY G. LASSER IV 548 N. WILLOW AVE. STE. J2 COOKEVILLE, TN 38501

AMERICAN EXPRESS PO BOX 981537 EL PASO TX 79998-1537

AT&T MOBILITY PO BOX 538641 ATLANTA GA 30353-8641

CHASE AUTO FINANCE PO BOX 901003 FORT WORTH TX 76101-2003

COOKEVILLE REGIONAL MED CTR PO BOX 3147 COOKEVILLE TN 38502-3147

COOKEVILLE REGIONAL PHYSICIANS PO BOX 305172 DEPT 07 NASHVILLE TN 37230-5172

CUMBERLAND COUNTY EMS PO BOX 9150 PADUCAH KY 42002

CUMBERLAND MEDICAL CENTER 421 SOUTH MAIN STREET CROSSVILLE TN 38555

DISCOVER BANK 502 MARKET STREET GREENWOOD DE 19950

DISCOVER FINANCIAL PO BOX 15316 WILMINGTON DE 19850

EMERGENCY COVERAGE CORP PO BOX 636019 CINCINNATI OH 45263-6019

ENHANCED RECOVERY PO BOX 57547 JACKSONVILLE FL 32241 GATEWAY CO INT INC 455 N. 3RD STREET PHOENIX AZ 85004

HEALTHCARE RECEIVABLES
318 NANCY LYNN LANE SUITE 21
KNOXVILLE TN 37919

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318 NANCY LYNN LANE SUITE 21
KNOXVILLE TN 37919

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318 NANCY LYNN LANE SUITE 21
KNOXVILLE TN 37919

IRS
CENTRALIZED INSOLVENCY OFFICE
PO BOX 7346
PHILADELPHIA PA 19101-7346

JEFFERSON CAPITAL 16 MCLELAND RD. SAINT CLOUD MN 56303

M & T BANK PO BOX 900 MILLSBORO DE 19966

MARTINS WRECKER SERVICE 263 HERMITAGE AVE NASHVILLE TN 37210

NAVIENT PO BOX 9635 WILKES BARRE PA 18773

OFFICE OF US TRUSTEE REGION 8 701 BROADWAY SUITE 318 NASHVILLE TN 37203

PROGRESSIVE LEASING NPRTO SOUTHEAST LLC 256 W. DATA DRIVE DRAPER UT 84020

SERVICE LOAN PO BOX 2935 GAINESVILLE GA 30503

TRANSWORLD SYSTEMS PO BOX 15270 WILMINGTON DE 19850

TRANSWORLD SYSTEMS PO BOX 15270 WILMINGTON DE 19850

US DEPARTMENT OF EDUCATION PO BOX 1954 SOUTHGATE MI 48195-0954

VERIZON WIRELESS 2009 N MAIN STREET CROSSVILLE TN 38555

WAKEFIELD & ASSOCIATES PO BOX 50250 KNOXVILLE TN

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